



# CITY OF CHANDLER RECREATION DIVISION VOLUNTEER APPLICATION

**NAME:** \_\_\_\_\_  
Last First Middle Initial

**ADDRESS:** \_\_\_\_\_  
Street Apt. No. City/State Zip

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Date of birth (year optional):** \_\_\_\_\_

**Arizona Drivers License #:** \_\_\_\_\_  
Class Exp. Date

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Apt. No. City/State Zip

**Relationship to you:** \_\_\_\_\_

**Prior Volunteer Experience:** \_\_\_\_\_

**Hobbies, Personal Interests, and/or Special Skills/Training:** \_\_\_\_\_

**WORK STATUS:** ☐ Employed full-time ☐ Employed part-time ☐ Student ☐ Retired

**Current Employer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Job Title/Responsibilities:** \_\_\_\_\_

## EDUCATIONAL BACKGROUND:

Currently enrolled in High School?: ☐ Yes ☐ No

Do you have a High School diploma or GED?:  
☐ Yes ☐ No

College major / Graduate Field: \_\_\_\_\_

Describe any other training or special skills: \_\_\_\_\_

Do you have transportation to and from your Volunteer assignment? ☐ Yes ☐ No

Fluent Languages (other than English):

Language: \_\_\_\_\_  
Read Speak Write

**Why would you like to volunteer with the Recreation Division?**

## AREA(S) WHERE YOU WOULD LIKE TO VOLUNTEER (please check all that apply):

Tumbleweed Recreation Center \_\_\_\_\_ Environmental Education Center \_\_\_\_\_ Snedigar Recreation Center \_\_\_\_\_  
Chandler Community Center \_\_\_\_\_ Chandler Senior Center \_\_\_\_\_ Special Olympics/Therapeutics \_\_\_\_\_  
Special Events \_\_\_\_\_ Tennis Center \_\_\_\_\_ Parks \_\_\_\_\_ Sports Programs \_\_\_\_\_ Teen Programs \_\_\_\_\_

**VOLUNTEER AVAILABILITY:**

(check the boxes to indicate when you are available to volunteer)

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Mornings 8 a.m. - Noon							
Afternoons Noon – 5 p.m.							
Evenings 5 – 10 p.m.							



How often are you available to volunteer?: \_\_\_\_\_ Once a week \_\_\_\_\_ Twice a week \_\_\_\_\_ Daily \_\_\_\_\_ Other

What date would you be available to start volunteer work? \_\_\_\_\_

Do you have any special needs or disabilities that we need to be aware of? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please explain: \_\_\_\_\_

Are you applying to volunteer in order to fulfill court-ordered community service hours?: \_\_\_\_\_ Yes \_\_\_\_\_ No

Number of hours required?: \_\_\_\_\_ Deadline (date) to complete hours?: \_\_\_\_\_

Have you ever been convicted and/or placed on probation for any criminal offenses?: \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes", please provide dates and detailed information (including minor offenses): \_\_\_\_\_

(A "yes" answer will not automatically disqualify you. Each case will be considered individually, based on program requirements.)

Please list the names of two (2) people to be contacted for character references:

Name	Address	Phone
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Name	Address	Phone
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**STATEMENT OF ACCOUNTABILITY AND CONSENT**

By signing this application form, I certify that all information is true to the best of my knowledge, and any omissions or misrepresentations will be cause for refusal of placement or immediate dismissal at any time during the period of my placement. I give the City of Chandler Recreation Division authorization to investigate all matters contained in this application. I understand that it is my responsibility to keep the Recreation Division advised about any changes of address or phone number. I agree to obey all rules and procedures established by the City of Chandler Recreation Division, and understand that being a volunteer means I have made a commitment to the program. I further understand that I am a volunteer and therefore not entitled to any benefits which are provided to employees of the City of Chandler, and that I will be fulfilling job responsibilities without receiving a salary or hourly wage. I will assume all risks and/or hazards associated with participation in this program and do hereby agree to hold harmless the City of Chandler and/or its employees.

\_\_\_\_\_  
*Signature of Volunteer Applicant*\_\_\_\_\_  
*Date*\_\_\_\_\_  
*Signature of Parent or Guardian if applicant is under 18*\_\_\_\_\_  
*Date*